

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

7/25/18

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | | | | | 15 | |
| TOTAL DEP. | | | | | 357 | |
| TOTAL CLAIMS | | | | | | |

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| TOTAL IND. | 2 | | 19 | | 3 | |
| TOTAL DEP. | 347 | | 46 | | 19 | |
| TOTAL CLAIMS | 365 | | 64 | | 22 | |